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I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).			
I hereby appoint:			
✓ Practitioners associated with the Customer Number: 020988			
OR			
Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):			
Name	Registration Name Registration Number Number		
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as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with			
any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3,73(b).			
Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:			
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OR Firm or			
Individual Name	Ogilvy Renault LLP		
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City	State		Zip
Country			
Telephone	Em	ail	
Assignee Name and Address:			
Ascendent Telecommunications Inc. 2000 Bridge Parkway, Suite 100			
Redwood City, California, 94065, U.S.A.			
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A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.			

PRESIDENT This collection of information is required by 3° CFR 13.1, 13.2 and 13.3. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO is process) an application. Confidentially is governed by 3° U.S.C. 122 and 3° OFR 1.1 and 1.1.4. This collection is estimated to take 3 minutes to complete, including gathering, prospenting, and submitting the completed application from to the USPTO. Time will vary depending upon the incividual case. Any comments on the amount of time you require to complete the formation of the use of the variety of the v FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Ralsille

SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee

Signature Name

Title

Legal OK

Telephone